

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584336

FILING DATE

06.26.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
19	0					
20	0					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	2					
28	2					
29	2					
30	0					
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43			1	1		
44			1	1		
45			1	1		
46			1	1		
47			1	1		
48			1	1		
49						
50						
TOTAL IND.			13			
TOTAL DEP.			15			
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						